Please return completed form to Tulalip Tribes Treasury Management via fax 360-716-0126 or mail to 6406 Marine Drive, Tulalip, WA 98271 or deliver to the Admin directly



## Key 2Prepaid Direct Deposit Authorization Form Membership Distribution

One Form Per Person

Name:	Tribal ID Number: T
Address:	Phone Number:
City, State, Zip Code:	
Social Security #:	Date of Birth:
Mother's Maiden Name: Ema	il address:
Parent/Legal Guardian (if for Minor child):	Tribal Number: T
Parent/Legal Guardian (if for Minor child) Date of Birt	h:
Nould you like to receive paper statements in the US	PS mail? YES NO
Please provide a copy of your curre	ent ID and Tribal ID for processing
By signing this form, I am hereby requesting that the Tulali Mastercard issued by Key Bank. I understand that this is a Fulalip Tribes. All inquiries and questions regarding cards, so through Key Bank Prepaid Card Customer Service at 1-8 Prepaid_Call_Support@keybank.com.	card with a financial institution that is separate from the access, and other customer service information needs to
My signature below indicates that I wish the Tulalip Tribes and to receive that card in the mail directly from Key Bank.	
iignature	Date
Printed Name	Relationship if for Minor

## Please note the following:

- 1. Key Bank will mail you a welcome packet in a plain envelope with your card
- 2. Key Bank will assist you with your PIN number for use at ATM machines
- 3. Use of ATM machines that are not Key Bank machines will cause additional fees and charges to be assessed to your account
- 4. Lost or stolen cards should be reported directly to Key Bank at 1-800-539-9039
- 5. Tulalip Tribes is not responsible for lost or stolen cards or any fees owed as a result of the use of your card